

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
11		/					61		
12		/					62		
13		/					63		
14		/					64		
15		/					65		
16		/					66		
17		/					67		
18		/					68		
19		/					69		
20		/					70		
21		/					71		
22		/					72		
23		/					73		
24		/					74		
25		/					75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30		/					80		
31		/					81		
32		/					82		
33		/					83		
34		/					84		
35		/					85		
36		/					86		
37		/					87		
38		/	\$				88		
39		/					89		
40		/					90		
41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	A1						TOTAL DEP.		
TOTAL CLAIMS	44						TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS